

## March 2015 - Monthly Provider Support Call Summary

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*\*\*Please share with your case managers and administrative staff or other employees.\*\**

Each month the WDH-Behavioral Health Division holds a monthly provider support call to let providers know what is going on and give additional clarification on items that have been released. **The next call is Monday, April 27 at 2pm.**

### CALL TOPICS & SUMMARY

#### Waiver amendments approved

The Comprehensive and Supports Waiver Amendments that were submitted last fall finally approved by CMS. They now have an effective date of April 1, 2015. Here are the main changes in the amendments:

- We added the Acquired Brain Injury population to the eligibility section of the Supports Waiver.
- We clarified the process for funding persons on the waiting lists for the Supports waiver, which will now include the ABI wait list. People will be funded on a first come first serve basis. The appropriation from last year for the folks on the wait list with an acquired brain injury will now receive funding letters to get on the Supports waiver.
- The Respite unit cap will change from 1664 to 5000 units per plan year. (We will send out a listserv notice later this week regarding when the unit caps are fixed in EMWS so mods can be submitted.)
- The Companion service unit cap for people, who are in residential services and do not want to attend a day service program but still require supervision in the home, will change from 1664 to a max of 35 hours of combined day services a week, which may include Adult Day Services, Community Integration, or Prevocational services.
- Adult Day Services will allow the service to be provided in the participant's home if the team decides the home is a more appropriate place to receive the service and the approved plan of care supports the medical, behavioral, or other reason for the service to be provided in the person's home (Question was asked about being able to bill for this service when a participant stays home sick but the service is not in the approved plan of care to be provided at home. Rory responded that it cannot be billed until the service or a different service, like companion, is added to the plan and is intended to be provided at home due to anticipated days of being sick. Please talk your PSS if you have questions.)
- In the highest rate for Community Integration service called "high level of care", the rate will be available to participants, who want help building meaningful relationships and social connections in the community with a more individualized approach from the provider. A participant with any level of service need score may add the high level of care rate to the plan of care for individual

services or services with up to one other waiver participant where the entire time is spent solely in the community and not in a facility.

- Cognitive retraining is being added as a service on the Supports Waiver for the ABI population
- Case management provider qualifications now include a conflict free requirement
- The Case Management 15 minute rate was added in addition to the monthly unit.

### **ABI waiver renewal approved**

The ABI participants who are currently on the waiver will not receive new IBAs under the new IBA methodology until they transition to the Comprehensive waiver. They will not transition over until a later date which has not been finalized yet. We are focused currently on the Child DD waiver transitions and ending that waiver on June 30, then we will plan out the transition for the ABI waiver. The new services that we added to the Comprehensive and Supports waiver will now be available on the ABI waiver, so they can be added as plans of care or modifications are submitted.

### **HCBS Transition Plan approved and Setting survey updates**

With the ABI waiver getting renewed and the Comprehensive and Supports waiver amendments getting approved, we also got approval for the Transition plans. The transition plans for these waivers are now posted on the Division's website, so please make sure you view the latest version that has the timelines and action steps approved by CMS.

The Division is in the process of reviewing all of the surveys that were submitted by providers along with evidence and artifacts of compliance with the new standards. We will be issuing final compliance reports to providers in April and then providers will know which parts of the new standards they need to develop transition plans for and submit those transition plans to the Division by October 1. If a provider did not submit a survey and were required to, the Division will issue those providers a corrective action plan and an out of compliance report in order to ensure all providers make the necessary changes to continue to operate as a certified provider.

### **Proposed Rules posted for informal comment**

The Division posted draft rule changes for the BHD waivers for an informal public comment period until April 3<sup>rd</sup>. We developed a chapter of rules for the new Supports and Comprehensive Waivers (Chapter 46) and revised Chapter 44 and 45. Chapter 45 does not have a strike-through and underline version because it is too complicated to make sense of all the significant wording differences.

We had to add many changes due to the new HCB setting requirements, the conflict free case management requirement and due to other changes and improvements we have identified since these rules were last promulgated in 2006. Over the past four years we have had several work teams comprised of various stakeholders from other agencies, providers, case managers, parents, etc. who have helped rewrite full sections of the rules. We encourage everyone to take advantage of this informal comment period and read through them and send us your feedback or suggestions. After we review the input, we will make any changes we feel are needed in consultation with Division leadership and the Attorney General's office, then follow the formal promulgation steps by getting permission from the Governor's office to promulgate the rules and post them for formal comments.

During that timeframe, we will have a public hearing in Cheyenne with a call in option for people to participate remotely.

During this process we want to note that Chapters 1 & 2 of the Developmental Disabilities Rules (on case management and emergency funding) are being repealed. Chapters 1, 2 & 3 of the old Adult DD rules are outdated and being repealed at the same time. Chapter 41, of Medicaid rules for the Adult DD waiver are being repealed.

These rules are available on the Division's website: <http://www.health.wyo.gov/ddd/index.html>. Please submit your comments to [bhdmal@wyo.gov](mailto:bhdmal@wyo.gov) or call Jamie (307-777-5660) to submit comments in another way.

### **Transitioning participants from Child DD to Comprehensive Waiver**

We want to remind everyone that the Child DD waiver will be ending June 30, 2015. All those who have not transitioned from the CDD Waiver to the Comprehensive Waiver will be out of services and will lose their waiver funding, and will be required to reapply to the waiver if they wish to receive waiver supports after June, 30, 2015. All CDD records should have started the transfer process by now. Comprehensive plans of care must be submitted to the Division no later than May 31, 2015 for the approval process. In some cases, as the Division reviews psychological evaluations for eligibility, some have been found not to meet criteria. The Division will continue the transfer process at this time with a provisional eligibility approval, but will work with teams to review psychological evaluations or obtain new psychological evaluations soon. Please follow these cases closely to ensure the transfer process is completed, and plans are submitted by May 31, 2015.

### **Relative Provider Conflict of Interest Checklist**

Just a reminder, all relative providers of waiver services must complete a Relative Provider Conflict of Interest Checklist with the case manager, and submit the Checklist to the Division for Division approval. Only those Checklists with a Division representative signature should be uploaded with the plan of care. The Relative Provider Conflict of Interest Checklist is required for both certified waiver providers and self-directed providers. All relative providers must complete the Checklist. There has been some confusion about parents, step-parents, and legal guardians providing personal care to children under the age of 18. All parents, step-parents, and guardians must be certified waiver providers and have a Limited Liability Company prior to providing personal care for their child under 18 years of age who lives with them, even those who are self-directing this service. If a case manager knows of any case where a parent, step-parent, or guardian are providing personal care to their child through the waiver, please notify them that they must discontinue providing the service until they complete the certification and LLC processes.

### **Involuntary Disenrollment from Self-direction Option**

The Division is reviewing utilization records for those who are self-directing services. Any participant who is not actively self-directing a direct care service for over 90 days will be given written notification that their self-direction option will be terminated. These cases will be closed after 30 days of written notification. In some cases, there may be good reason for the lack of utilization. The Division will reconsider the decision on a case by case basis. Currently, we have over 50 people on the self-direction wait list who want to self-direct services. The Division will not be allowing others to hold their places if they are not using self-direction for at least 10% of their IBA for direct care services.

### **Reenrollment with Medicaid**

As was presented previously during provider support calls, all Medicaid providers must reenroll with Medicaid using the new electronic process by December 31, 2015. This includes all HCBW providers. Beginning with recertification's in September 2014 and continuing through August 2015, providers will be sent a letter from their provider support specialist after their recertification has been completed and any QIP's have been approved by Division staff. Providers who have already received a two year recertification will be sent the letter around the time of their expiration month. Division staff will not be allowed to help a provider fill out the online enrollment due to the enrollment being a legal document. Xerox has created tutorials on their website to assist providers with the enrollment process. Xerox suggested providers view the website, and the Frequently Asked Questions. Any questions that you may have on completing the enrollment application should be answered by following the tutorials which was suggested you print prior to enrolling. The website is: [http://wymedicaid.acs-inc.com/aca\\_reenrollment.html](http://wymedicaid.acs-inc.com/aca_reenrollment.html).

If you have already completed your recertification and have had any applicable Quality Improvement Plans (QIP) approved, you should have received a Medicaid Re-enrollment letter along with your QIP acceptance letter. If you had a two year certification, your Provider Support Specialist sent your letter within your certification month. If you have not received your Medicaid Re-enrollment letter, please contact your assigned Provider Support Specialist so that we can send another copy to you.

Xerox will be sending out email blasts to providers regarding these same announcements with additional instructions. Please look for information coming from Xerox if you are on their mailing list for claims information.

### **Conflict Free Case management Application Reviews**

Currently we are in the process of reviewing all submitted transcripts and applications. Once we have reviewed them, we will send a letter that identifies any missing pieces along with a Conflict Free Confirmation Form that must be signed and returned to the Division. Once this is done, you will be issued a letter indicating that you are free of conflict. For those of you that still have conflicts to resolve, please include a transition plan with your application that indicates how you will be free of conflict by July 1, 2015. We must have a viable transition plan to approve your application as we have to ensure that all case managers are free of conflict by the deadline. We will be issuing further guidance in the near future, but as the deadline is very near you must act now. If you do not have your application submitted to your Provider Support Specialist you must do so immediately to ensure that everything is processed and in place by July 1. All participants must have a conflict free case manager on an approved plan of care by that date.

### **Reminder of training requirements that went into effect with the Comprehensive and Supports waivers.**

1. A **case manager** must complete (8) eight hours of annual training in areas specified by the Division each year to recertify. Individuals must keep certificates or confirmation of attendance and provide a copy for agency personnel files if working for an agency.
2. **Individual Habilitation Training** providers with in one year of being certified in this service, and annually thereafter, must successfully complete at least eight (8) hours of continued education in any of the following areas: specific disabilities or diagnosed

conditions related to the population he/she serves, in writing measurable objectives, gathering and using data to develop better training programs, or training modules posted by the Division.

**3. Community Integration Services and Prevocational Service providers.** Within one year of being certified in this service, 1 staff person working at least 50% of their time as a supervisor must be certified in a nationally recognized supported employment curriculum and demonstrate that a portion of their time each month is spent training direct care staff on exploring employment interests, working on job readiness skills, or other employment related activities with participants. If a provider does not hire staff then the provider must meet these requirements.

**4. Employment Discovery and Customization and Supported Employment Providers.** Within one year of being certified in these services, 1 staff person working at least 50% of their time as a job coach/developer must be certified in a nationally recognized supported employment curriculum if serving up to 10 participants in these services, and for every 10 participants after-one additional staff working at least 50% of their time as a job coach/developer must be certified. If a provider does not hire staff then the provider must meet these requirements.

***Next call is April 27 at 2 pm.***

**Monthly Support call notes are posted to our website:**

**<http://health.wyo.gov/ddd/ComprehensiveandSupportsWaiver.html>**

***Thank you for reading and for making time to call in each month!***